

WRITE PLAINLY WITH UNFADING INK. IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF CHILDREN MUST BE STATED.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 144
Registered No. 328

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Francisco Mazon (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Oct. 4, 1925
Month Day Year

8. FATHER
Full name Felix Mazon
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 37 (Years)

12. Birthplace (city or place) Sonora, Mex.
(State or country)

13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Agapita Grijalva
15. Residence (Usual place of abode) Miami, Ariz.
If non-resident, give place and state.

16. Color or race Mex. 17. Age at last birthday 25 (Years)

18. Birthplace (city or place) Tombstone, Arizona
(State or country)

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 4 A. m. on the date above stated
(Born live or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Byril M. Brown M.D.
Physician
(Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year

Filed Nov 6, 1925 C.E. Iron
Registrar

Registrar

645-1004-171